

# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e., PCS)

Transaction Code		NPDES										yr/mo/day		Inspection Type		Inspector		Fac Type												
1	2	3	T	N	0	0	7	6	2	0	1	11	12	13	06	18	17	18	S	19	S	20	2							
Remarks																														
21																														
Inspection Work Days			Facility Self-Monitoring Evaluation Rating										BI		QA		Reserved													
67			69										70		71		72		73		74		75							

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Berry Hill Corporation Quarry #1 (Sand Mine) Hawkins County NPDES #TN0076201	Entry Time/Date 2:15 9-18-2013	Permit Effective Date 7-29-2013
	Exit Time/Date 2:35 9-18-2013	Permit Expiration Date 7-28-2018
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Story Short, Engineering Services 276-328-1080 Mr. Roy Stone, President 239-443-5333	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Site not disturbed for mining at this time	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Roy Stone, President 239-443-5333	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/>	Permit	<input checked="" type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input type="checkbox"/>	<b>Records/Reports</b>	<input type="checkbox"/>	Compliance Schedules	<input checked="" type="checkbox"/>	Pollution Prevention		
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input checked="" type="checkbox"/>	Storm Water		
<input checked="" type="checkbox"/>	Effluent/Receiving Waters	<input checked="" type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

## Section D: Summary of Findings/Comments

*(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)*

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks 	WRM-MS 865-594-5548	9-18-2013
Bruce Ragon	WRM-MS 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date